



Online Free and Reduced Applications



Screen by Screen


Mount Laurel

Public Schools


Creating a New Account

Select Language

LunchTime
CAFETERIA DATA MANAGEMENT 

Online Free/Reduced Application Entry

 [Register](#) OR [Sign In](#)

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Demographic Information



Online Free/Reduced Application Entry

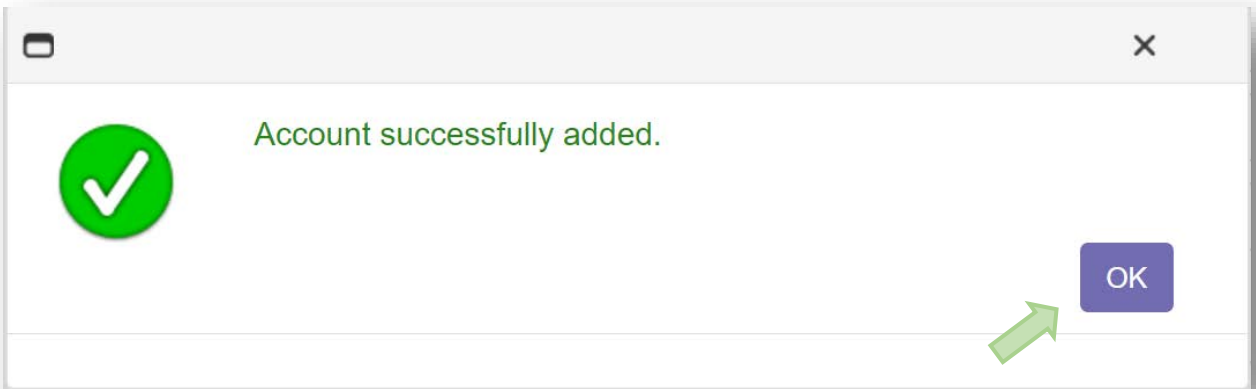
Register

* denotes required field

First Name*	<input type="text" value=" "/>
Middle Name	<input type="text"/>
Last Name*	<input type="text"/>
Name Suffix	<input type="text"/>
Email Address*	<input type="text"/>
Password* (must be 6 characters)	<input type="password"/>
Confirm Password*	<input type="password"/>
Last 4 SSN*	<input type="text"/>
No SSN	<input type="checkbox"/>
Address*	<input type="text"/>
Address 2	<input type="text"/>

Household Size*	<input type="text" value="0"/>
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
<input type="button" value="Cancel"/>	<input type="button" value="Register"/>





Main Screen



[Online Free/Reduced Application Entry](#)

[Nondiscrimination Statement](#) | [Privacy Statement](#) | [Download Parent's Guide](#) | [Online Free/Reduced Application Help](#)

Your Students

Please add students to your account before starting a new application.

Name	District Name	Grade
! No Students		

[Add Student](#)

Nondiscrimination Statement:

Nondiscrimination Statement



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Privacy Statement:

Privacy Statement ×

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

Online Free and Reduced Application Help

Online Free/Reduced Application Help

Please contact your School/School District with questions about the following items:

- Not being able to add a student to your account. LunchTime Software will not be able to provide you with any of the following values needed to add a student to your account:
 - First Name
 - Last Name
 - Date of Birth
 - Student ID Number
- Questions regarding the final determination of eligibility.


You may contact LunchTime Software Support with questions regarding the following items:

- Creating an account
- Login issues
- Questions on how to use the website

Please be aware that LunchTime Support is only available in English. You can contact LunchTime Support by email at mealapp@lunchtimesoftware.com or by calling 1-800-963-0780 and pressing option 3.

Adding Students

Logged in as Jane Doe | Log Out



Online Free/Reduced Application Entry


Locate Your Student

To add a student to your account, first start by entering the zip code of the school your student attends.

School Search

School Zip Code

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Available schools will be displayed. Click on the blue **SELECT** to the left of your students' school.

Locate Your Student

Click the **SELECT** link next to the school your student attends.

Select School

	School	City	State	Zip Code
SELECT	Countryside School	Mount Laurel	NJ	08054
SELECT	Fleetwood School	Mount Laurel	NJ	08054
SELECT	Hillside School	Mount Laurel	NJ	08054
SELECT	Larchmont School	Mount Laurel	NJ	08054
SELECT	Harrington Middle School	Mount Laurel	NJ	08054



Enter the Required information and Click on the **Continue** button in the lower right.

Locate Your Student

Student Information


School Harrington Middle School

First Name

Last Name

[Start Over](#) [Continue](#)

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Verify the information and Click on the blue **SELECT** to the left of your students' name.


Locate Your Student

Click the **SELECT** link next to the student you wish to add to your account.

Confirm Student

	Name	Grade
SELECT	Dottore, Dylan	11

[Start Over](#)



You will be returned to the Home page. Add additional students as needed.

New Application

Free/Reduced Application Entry

Students that attend different school districts cannot appear on the same application.

	Application ID	Application Status	# of Students	District Name	Application State	Software Status
No Applications						

Start New Application



Review Demographics

Complete all required fields (as indicated by *****) in the Demographics Page.

This information was initially entered as part of creating an account. This page is intended for Review and Confirmation.

Demographics

** denotes required field*

Application ID New Application

First Name*

Middle Name

Last Name*

Name Suffix

Last 4 SSN*

No SSN

Address*

Address 2

City*

State*

Zip Code*

Household Size*

Home Phone

Work Phone

Mobile Phone

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Children's Racial and Ethnic Identities (OPTIONAL)

Click on the appropriate boxes, or click Continue to skip these questions.

Children's Racial and Ethnic Identities (OPTIONAL)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one):

Hispanic or Latino Not Hispanic or Latino

Race (check one or more):

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

<< Back

Cancel

Continue

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Assistance Programs

If a family participates in an assistance program, completion of the Household Income section is not required.

Assistance Programs

If anyone in your household participates in SNAP, TANF, or FDPIR, all students on your application are eligible to receive free meals.

A household is defined as a group of people, related or unrelated, that usually live together and share income and expenses. This includes grandparents or other extended family members that are living with you. It also includes people that are not currently living with you, but are only away on a temporary basis, like kids that are away at college. It includes people regardless of age or whether they earn or receive income.

If anyone in your household (including you) currently participates in any of the following programs, please select one or more of the checkboxes below. If not, press **CONTINUE**.

Supplemental Nutrition Assistance Program (SNAP)

Temporary Assistance for Needy Families (TANF)

Food Distribution Program on Indian Reservations (FDPIR)

<< Back

Cancel

Continue


If an Assistance Program was selected in the previous screen, the Household Members and Income sections below will be skipped.

Assign Students

From the list of students, click on the [SELECT](#) link to the left of each student to be added to the application. If students attend different school districts, submit one application for each district. Only the student(s) in the submitting district needs to be SELECTED. Non-district children will be reflected in the Household size number.

Assign Students

Click the [SELECT](#) link next to the student you wish to add to this application. When completed, click Continue.



	Name	District Name	Grade
SELECT	Dottore, Britney	Mount Laurel Schools	12
SELECT	Dottore, Dylan	Mount Laurel Schools	11


Special Living Situations

If the student is a Foster Child, is Homeless, is a Runaway, or is Migrant use the [EDIT](#) link next to the student name to indicate these special situations.

Use the [REMOVE](#) link if the student is to be deleted from the application.

Students on this Application

For special living situations that may exist for a student (e.g. Foster Child, Homeless, Migrant, Runaway etc.), click the [EDIT](#) link next to the student you wish to modify.



		Name	District Name	Grade	Living Situations
EDIT	REMOVE	Dottore, Britney	Mount Laurel Schools	12	NONE ENTERED
EDIT	REMOVE	Dottore, Dylan	Mount Laurel Schools	11	NONE ENTERED

<< Back

Cancel

Continue

Living Situations

Check any Living Situations that apply for the given student. Click the **Update Student** button when complete.


Living Situations

Name Dottore, Dylan

Living Situations

- Foster Child
- Homeless
- Migrant
- Runaway

<< Back Update Student



Once the Living Situations have been entered (if applicable) click the **Continue** button.

Household Members

Begin to enter the Household Members by clicking the **Add Household Member** button. Please include all members of the household including those with zero incomes and small children. Note: this section are not applicable if an assistance program was selected.

Online Free/Reduced Application Entry

Household Members

In this section, please list all members of your household. The total number of people listed on this screen must be the same as the household size specified on the demographic screen.


	Name	Annual Income
❗ No Household Members		

<< Back Cancel

Add Household Member

Click continue to advance to the Student Selection part of the application.

Continue



Household Member Information

Enter the Name of the first Household Member. All household members in the household must be reported. Click on the **Save Household Member** button to continue.

Household Member Information

** denotes required field*

First Name*

Middle Name

Last Name*

Name Suffix

Last 4 SSN

<< Back

Save Household Member



Income Amounts, Frequencies and Types

Enter the first income for the selected Household Member. Indicate the Income Amount, Frequency, and Type. If the Household Member has a zero income, enter 0.00. Click the **Save Income** button to continue.

Income Information

Name Doe, Jane

Enter the income amount, frequency and type for this household member. If this household member does not have any income to report, enter 0.00.


Income

Frequency

- Once a Year
- Monthly
- Twice Per Month
- Every Two Weeks
- Weekly

Type

- Work Earnings Amount
- Self Employed Income
- Welfare, Child Support, Alimony
- Pensions, Retirement, Social Security
- Other Income



Additional Income Sources


If the household member has additional sources of income, click on the **Add Additional Income** button to continue.

Income Information

Name Doe, Jane

Income for the selected household member is shown below. Click "Add Additional Income" to enter a new source of income for this household member.

	Income	Frequency	Type
REMOVE	\$250.00	Every Two Weeks	Work Earnings Amount




Once all sources of income are entered for this household member, click the **Continue** button under the Household Income Summary.

Household Income Summary

Click Continue to return to the Income Summary screen.

[Continue](#)



Household Members Summary


Review, Edit or Change as needed. **NOTE: The number of Household members listed here must equal the number of Household member in the Demographics section – Step 5. See error message below.**

Household Members

In this section, please list all members of your household. The total number of people listed on this screen must be the same as the household size specified on the demographic screen.

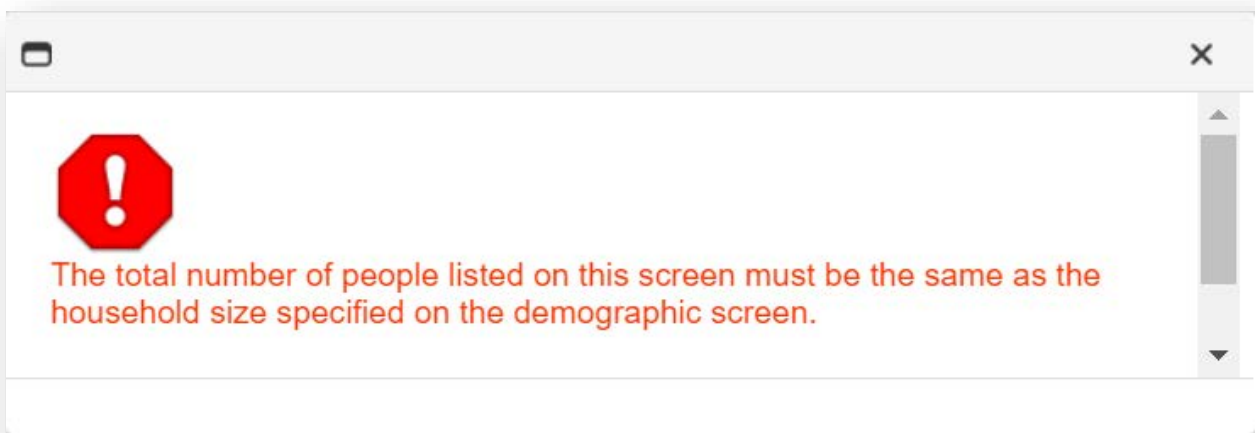
			Name	Annual Income
EDIT	INCOME	REMOVE	Doe , Jane	\$7,400.00
TOTAL:				\$7,400.00

[<< Back](#) [Cancel](#) [Add Household Member](#)



Error Message

You may receive an error message if the total number of Household Members is not equal to the Household size indicated in the Demographics Screen. Continue to add Household Members until the total matches the Household size.



The dialog box features a red octagonal warning icon with a white exclamation mark. The text is displayed in a red font.

The total number of people listed on this screen must be the same as the household size specified on the demographic screen.

Continue to add Household Members until the number of members listed equals the specified household size in the demographics screen.

Household Members

In this section, please list all members of your household. The total number of people listed on this screen must be the same as the household size specified on the demographic screen.

			Name	Annual Income
EDIT	INCOME	REMOVE	Doe , Jane	\$7,400.00
EDIT	INCOME	REMOVE	Dottore , Britney	\$0.00
EDIT	INCOME	REMOVE	Dottore , Dylan	\$0.00
				TOTAL: \$7,400.00

[<< Back](#) [Cancel](#)

[Add Household Member](#)

Application Summary

Review all the information in the Application. Use the Back button to go back to a previous section to make any necessary changes.

Application Summary

Please review the information below and click 'Submit Application' to complete your application and send it to the school.

Demographics

First Name Jane
Middle Name
Last Name Doe
Name Suffix
Last 4 SSN 1234

Address 330 Mount Laurel Road
Address 2
City Mount Laurel
State New Jersey
Zip Code 08054

Household Size 3
Home Phone 8009630780
Work Phone
Mobile Phone

Children's Racial and Ethnic Identities (OPTIONAL)

- Hispanic or Latino Not Hispanic or Latino
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Assistance Programs

SNAP TANF
FDPIR

Household Members

Name	Annual Income
Doe , Jane	\$7,400.00
Dottore , Britney	\$0.00
Dottore , Dylan	\$0.00
TOTAL:	\$7,400.00

Submit Application

Assign Students

Name	District Name	Grade	Living Situations
Dottore, Britney	Mount Laurel Schools	12	NONE ENTERED
Dottore, Dylan	Mount Laurel Schools	11	NONE ENTERED

I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits. Deliberate misrepresentation of information may subject applicants to prosecution under applicable State and Federal law.


AND

By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions.

I Accept

Review all information. Click the "I Accept" radio button to confirm that the information provided is accurate and true to the best of your knowledge. Click the **Submit Application** button to finalize the application and submit it to the school district.

A final screen will be displayed. By clicking the **Yes** button, no further editing will be permitted. Confirm that you wish to submit the application by clicking the **Yes** button.



Submitting this application will transfer this information to the school district for processing. No further editing of the application will be permitted.

Do you want to submit the application information now?

Application Submitted

A Thank You screen will provide details regarding the next steps. An email indicating the determination for your application should arrive within 24-48 hours. Be sure to check Spam and Junk folders if you do not see this email. Schools will also follow up with a written letter sent by Email or US Postal Services.

Return to this section to see any updates in Status.

Free/Reduced Application Entry

Students that attend different school districts cannot appear on the same application.

Application ID	Application Status	# of Students	District Name	Application State	Software Status
102		1	Mount Laurel Schools	SUBMITTED	PENDING

[Start New Application](#)

